

**UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**OBSTETRICS SKILLS DAY STATION REQUIREMENTS
DATE 22/12/17**

OBSTETRIC SKILLS		
1)	Normal vaginal delivery	<ul style="list-style-type: none"> I. Pelvic model II. Term Fetus III. Gloves IV. KY jelly V. Cord clamps VI. 3 towels VII. APGAR Score chart
2)	Breech delivery	<ul style="list-style-type: none"> I. Pelvic model II. Term fetus III. Gloves IV. KY jelly V. Cord clamps VI. Towels (3) VII. APGAR score chart
3)	Fetal heart rate tracing interpretation – normal and abnormal tracings	<ul style="list-style-type: none"> I. CTG printouts
4)	Assisted vaginal delivery-vacuum extraction	<ul style="list-style-type: none"> I. Pelvic model II. Term fetus III. Kiwi
5)	Sterile speculum examination	<ul style="list-style-type: none"> I. Speculum II. Gloves III. KY jelly IV. Pelvic model V. Uterus with Cervix at any dilatation
6)	Digital vaginal examination and Bishop score	<ul style="list-style-type: none"> I. Pelvic model with uterus at different cervical dilatation II. Bishops score chart printout III. Gloves IV. KY jelly V. Card board with different diameters ranging from 2-8 cm
7)	Shoulder dystocia	<ul style="list-style-type: none"> I. Pelvic model II. Term fetus
8)	PPH evaluation and management	<ul style="list-style-type: none"> I. Mannequin II. Model of postpartum uterus/hat, III. A piece of string or tie, IV. Foleys catheter V. Giving set VI. 500 mls of normal saline (or clean water in a container with syringe), VII. Condom VIII. Needle drive

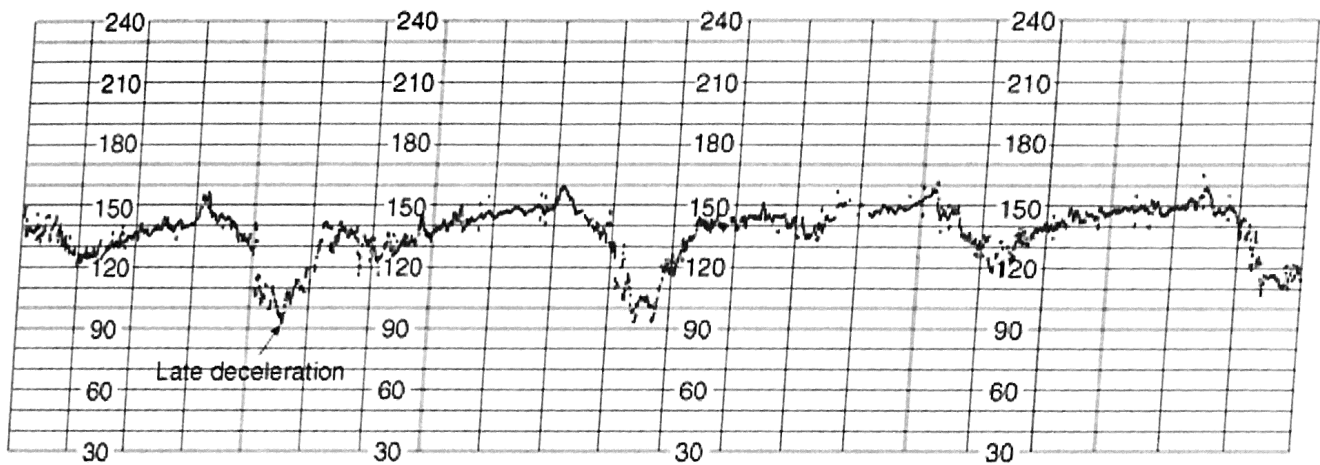
		IX. Suture X. Surgical blade XI. Forceps
9)	Perineal tear & episiotomy repair	I. Pelvic model with tears and episiotomies Needle drive II. Tissue forceps III. Suture IV. Scissors

Summary:

1. Pelvic models: 8

2. Baby models: 4

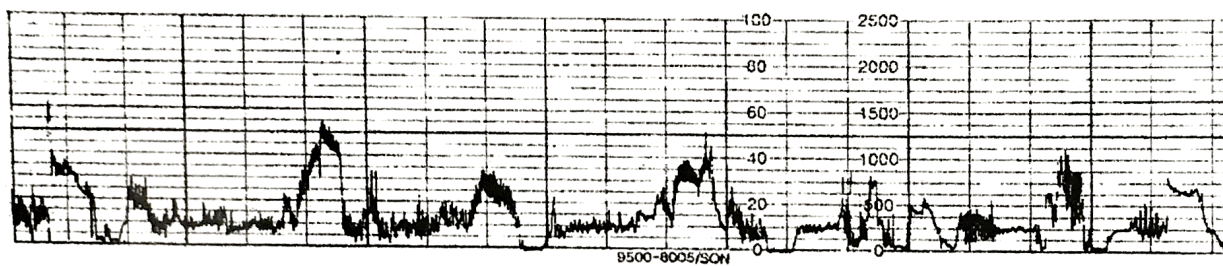
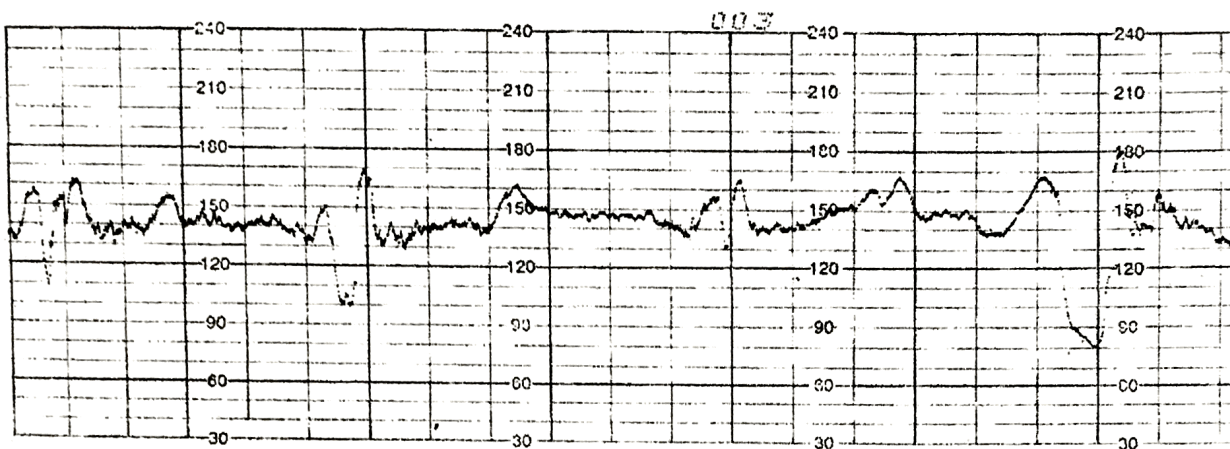
6. LATE DECELERATIONS



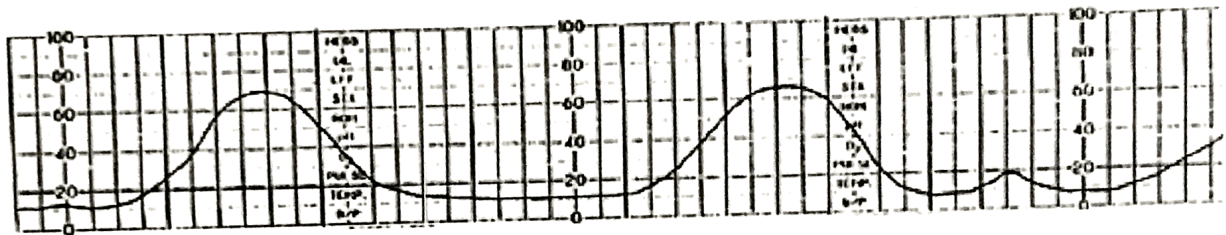
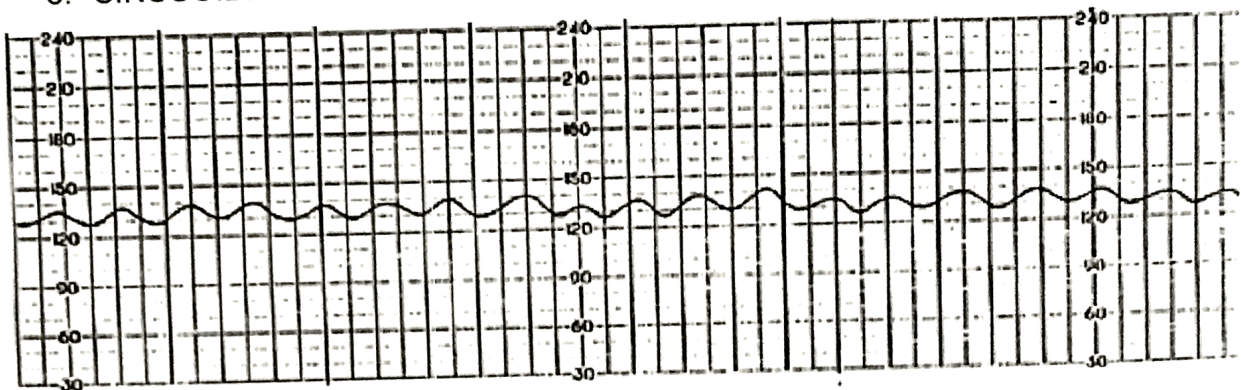
Due to acute and chronic utero-placental insufficiency

- Occurs after the peak and past the length of uterine contraction, often with slow return to the baseline
- Is precipitated by hypoxemia
- Associated with respiratory and metabolic acidosis

7. VARIABLE DECELERATIONS



8. SINUSOIDAL RHYTHM



Sinusoidal pattern - distinctive smooth undulating Sine-wave baseline rate

Causes:

- Cord compression
- Hypovolemia
- Ascites
- Idiopathic (fetal thumb sucking)
- Analgesics
- Anemia
- Abruptio

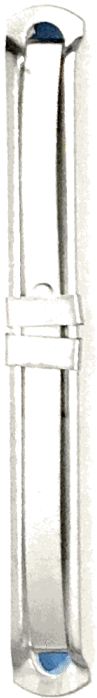
Management depends on clinical situation

SKILLS STATION 1:

NORMAL VAGINAL DELIVERY

Objectives

- Properly assess fetal station and position
- Describe the steps of a normal vaginal delivery
- Deliver the fetal head utilizing appropriate attention to the pelvic curve
- Assess for nuchal cord
- Deliver the remainder of the body
- Deliver the placenta
- Identify cervical and/or perineal lacerations
- Properly document the delivery procedure
- Describe the APGAR scoring for the neonate



Apgar Scoring System

Indicator				
A	Activity (muscle tone)	Absent	Flexed arms and legs	Active
P	Pulse	Absent	Below 100 bpm	Over 100 bpm
G	Grimace (reflex irritability)	Floppy	Minimal response to stimulation	Prompt response to stimulation
A	Appearance (skin color)	Blue; pale	Pink body, Blue extremities	Pink
R	Respiration	Absent	Slow and irregular	Vigorous cry

KEY:

0-3 SEVERELY DEPRESSED

4-6: MODERATELY DEPRESSED

>7-10: EXCELLENT CONDITION